STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010889	A. BUILDING: _____ B. WING _____	R 03/17/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE PORTAGE	**3444 SWANSON RD PORTAGE, IN 46368**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 12/29/2015. Survey date: March 17, 2016 Facility number: 010889 Provider number: 010889 AIM number: N/A Census bed type: Residential: 31 Total: 31 Sample: 4 Brookdale Portage was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure survey. Quality review was completed by 32883 on 3/20/16.	{R 000}		